

Foster Family Home - Corrective Action Report

Provider ID: 1-562969

Home Name: Trina Abrigo, CNA

Review ID: 1-562969-7

94-1128 Kahuahale Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/11/2019

Foster Family Home **Required Certificate** **[11-800-6]**

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 10/11/19.
Home is in compliance with all requirements. Home will receive a 3 bed certification.

Maribel Nakamine, RA
Compliance Manager

Date

10/11/19

Trina
Primary Care Giver

Date

10/11/19